

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

09/869723

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/		/		
3		/		/		
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7		5		/		
8		①		/		
9		①		/		
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TOTAL IND.	1		1			
TOTAL DEP.	26		18			
TOTAL CLAIMS	27		19			

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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